



FOUNDATION BOARD APPLICATION

Thank you for your interest in joining the St. Croix Health Foundation Board. Please complete this application and send it to Foundation@scrmc.org.

Full Name: _____

Email Address: _____ **Phone Number:** _____

Mailing Address: _____

Preferred Contact Method: ☐ Email ☐ Call ☐ Text ☐ Mail

Professional/Work Experience: _____

Education: _____

INTEREST

Please tell us why you are interested in joining the St. Croix Health Foundation Board and how your skills and experience align with our mission.

COMMITMENT

The Foundation values board members who bring leadership, strategic insight, and a passion for driving impact. As a member of the Board of Directors, you will attend meetings, help guide key initiatives, foster connections, and support fundraising efforts, while collaborating with others to advance the Foundation's mission.

Availability:

Are you able to commit to attending Board meetings and actively participating in Foundation activities while managing your other professional and personal priorities outside of Foundation work?

Leadership and Initiative:

We value leaders who take ownership of their work. Please provide an example of a time you spearheaded a project or initiative and how you ensured its success.

Fundraising and Community Engagement:

Do you have experience in areas such as fundraising, event planning, or building community connections? Please describe your contributions in these areas.

REFERENCES

Please provide two references who can speak to your qualifications.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

ADDITIONAL COMMENTS

Is there anything else you would like to share with us regarding your interest in the St. Croix Health Foundation Board or your qualifications?

SELF-ASSESSMENT

To help us understand your strengths and areas of expertise, please evaluate your proficiency in the following competencies. Use the scale below:

1 = Foundational Knowledge (basic understanding or limited experience)

2 = Proficient (moderate experience and application)

3 = Expert (advanced expertise and demonstrated success)

For each area, provide your rating and share examples or comments to illustrate your experience and impact.

Competency Area	Rating			Comments/Examples
	1	2	3	
Strategic Leadership – Expertise in developing strategies and aligning them with organizational goals.				
Fundraising & Donor Engagement – Experience in securing financial support, cultivating donor relationships, and leading successful fundraising efforts.				
Project & Event Management – Proven ability to plan, oversee, and execute projects and events with measurable outcomes.				
Financial & Business Acumen – Advanced understanding of financial and business principles to guide decision-making and strategy.				
Communication & Marketing – Expertise in strategic communication and marketing initiatives to elevate organizational visibility.				
Risk Management – Ability to identify, assess, and mitigate organizational risks effectively.				
Healthcare & Wellbeing Knowledge – In-depth understanding of healthcare systems and strategies for promoting community health and wellbeing.				
Technology Proficiency – Advanced familiarity with digital tools, social media, and relevant applications to support organizational initiatives.				

SUBMISSIONS

Please submit your application to Foundation@scrmc.org.